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SPP

OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION

Interested Organizations: This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Richland Pregnancy Services
Federal Tax ID Number	[REDACTED]
Street Address	1560 W. Fourth St
City, State Zip code	Mansfield, OH 44906
County of Location Providing Services (One Application Per Location)	Richland
Address where ODH should Direct Payment	1560 W. Fourth St Mansfield, OH 44906
Counties of Service <i>This location serves women from the following counties:</i>	Ashtabula, Crawford Huron, Morrow
Name of Person and Title completing application	Pam Crank, Executive Director
Area Code/Phone Number	419.522.8863, ext. 200
Email	pam@richlandpregnancy.com

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;

VI. By June 1, 2017, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5.23.16

Date

Pamela J. Crank

Signature of Person Completing Application

Pamela J. Crank, Executive Director
[Print Name & Title]

Application to be submitted to:

Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor
Columbus, OH 43215
Attention: Marius Igwe

Phone: 614.466.4634
Email: Marius.Igwe@odh.ohio.gov

Choose Life Fund Expenditure Form
SPY 16 July 1, 2015 through June 30, 2016
Due June 1, 2016

Agency Name	Richard Pregnancy Services			
Tax ID #				
Contact Name	PAM CRANKE			
Contact Phone #	419.522.8867, ext. 200			
Quarters	Total Expenditures	1st Quarter	2nd Quarter	3rd Quarter
Carryover SPY 14 Amount	7/1/15 Thru 6/30/16	7/1/15 Thru 9/30/15	10/1/15 Thru 12/31/15	1/1/16 Thru 3/31/16
Award Amount				4/1/16 Thru 6/30/16
Material Needs of Pregnant Women at 60%	\$ -			
<i>Clothing Costs</i>	\$0.00			
<i>Housing Costs</i>	\$0.00	\$0.00		
<i>Medical Care Costs</i>	\$0.00	\$0.00		
<i>Road Costs</i>	\$0.00	\$0.00		
<i>Utilities Costs</i>	\$0.00	\$0.00		
<i>Transportation Costs</i>	\$0.00			
<i>Other Costs (Explaining)</i>	(42.56405)	\$0.00		
Total Material Costs		\$0.00	\$0.00	\$0.00
+/- Award Amount	\$ -			
Direct Costs at 40%	\$ -			
<i>Courseiving Costs</i>	\$0.00			
<i>Training Costs</i>	\$0.00			
<i>Advertising Costs</i>	\$0.00			
Total Direct Costs	\$0.00	\$0.00	\$0.00	\$0.00
+/- Award Amount	\$ -			
Total Award Mmas				
Materials and Direct Costs	\$ -			
				\$ 560.00

CRS 560

INVOICE

Invoice #: 0108
Invoice Date: 09/23/2016
Purchase Order #: DOH01-0000045587
OAKS Vendor #: 0000067005

Bill To: Ohio Department of Health
Bureau of Maternal, Child and Family Health
P.O. Box 118
Columbus, Ohio 43216

Remit To: Richland Crisis Pregnancy Services
1560 W Fourth St
Mansfield, Ohio 44906

Quantity	Description	Unit Cost	Amount
1	Provision of Choose Life services for women who are considering adoption.	1	\$540.00

Program Approval: <u>Jeffrey C. Lee</u>	Grand Total	\$540.00
Approval Date: <u>9/23/16 OC to pay</u>		

Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services MUST be included on the invoice.

Dept of Health

Supplier:
0000067005
RICHLAND CRISIS PREGNANCY SERVICES
1580 W FOURTH ST
MANSFIELD OH 44906

Purchase Order		Date	Revision	Page
DOH01-0000045507		08/30/2016		1
Payment Terms	Freight Terms			Ship Via
Net 30	FOB Destination, Prepaid			N/A
	Phone			Currency
	KENNON A HUGHES			USD

Ship To: Dept of Health
P003574
KENNON A HUGHES
P.O. Box 118
(614) 466-3543
Columbus OH 43216-0118
United States

Bill To: Dept of Health
P.O. Box 118
(614) 466-3543
Columbus OH 43216-0118
United States

Line-Sch Quantity UOM

1- 1 1 AMT

Choose Life Program

Unit Price Extended Amt Due Date

540 540.00

Schedule Total 540.00

Item Total 540.00

Total PO Amount 540.00

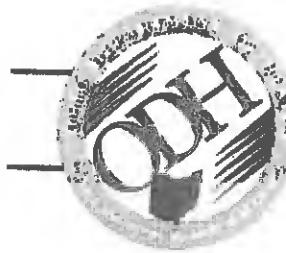
ODH Contact: Marius Igwe 614-466-4634 Contract# 8037

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

Department Head

Richard Hedges, MPA
Director of Health

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

John R. Kasich/Governor

614/466-3543
www.odh.ohio.gov

Richard Hedges/Director of Health

Pam Crank, Executive Director
Richland Pregnancy Services
1560 W. Fourth Street
Mansfield, OH 44906

Tax ID [REDACTED]

Dear Ms. Crank:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. Application(s) was approved for the following county(s) in the amount(s) of:

- Richland \$ 300.00
- Ashland \$ 90.00
- Crawford \$ 90.00
- Morrow \$ 60.00

The application was not approved for funding in the following county(s) for the following reason(s):

- Huron Other applicant organization located in county

Enclosed is a copy of the contract as was submitted. You should receive an award totaling \$540.00 within the next 30 days.

If you have any questions, please contact the Choose Life Program consultant, Marius Igwe at Marius.Igwe@odh.ohio.gov or phone 614-466-4634.

Sincerely,



Richard Hedges, MPA
Director of Health